## GONORRHOEA IN THE MALE

slight urticaria occurred in only one patient and in general this drug produced little or no unpleasant subjective sensations. With sulphadiazine, there were occasional headaches which were transient and did not interrupt treatment; also one case of mild erythema which required no treatment. With sulphathiazole, there was one case of vomiting. With sulphapyridine, there were occasional headaches and other subjective symptoms only.

Relapse.—Further observations were carried out on all available of the apparently successful cases during a period of from three to six months from the end of treatment; these are set out in Table 3. It may be noted in those cases where the end-result is known, that if the initial failures and the relapses are added together, the total failure rate for one course of treatment is, with sulphadiazine, 17 per cent; with sulphathiazole, 16 per cent; with sulphapyridine, 34 per cent; with sulphamezathine, 42 per cent.

TABLE 3-RESULTS OF A THREE TO SIX MONTHS' "FOLLOW-UP" OF THE SUCCESSFUL CASES

	PASSED TESTS OF CURE	RELAPSED •	UNKNOWN	FRESH INFECTION	TOTAL
Sulphadiazine	87	5	3	2	47
Sulphathiazole	40	4	1	1	46
Sulphapyridine	28	6	6	1	41
Sulphamezathine	26	3	5	_	34

## Conclusions

Although the total number of cases is small, the results are sufficiently clear to show that in the dosage employed sulphamezathine is not so effective as the other three compounds in the treatment of acute gonorrhoea; that sulphadiazine and sulphathiazole are both to be preferred to sulphapyridine is also clearly indicated.

Acknowledgements are due to the commanding officer of a military hospital for permission to publish the details of the cases; to the medical officers for their ready cooperation and to the special treatment orderlies for their attention to clerical detail; also to Imperial Chemical (Pharmaceuticals) Ltd. for the supply of sulphamezathine.

## REFERENCES

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Syphilis in industry

Syphilis, even when infectious, is not spread by occupational contact. The syphilitic should be kept at his work and be given medical treatment rather than dismissed. Except for those who have neurosyphilis or cardiovascular syphilis and are engaged in hazardous work, there is no evidence that accidents in industry are caused more frequently by syphilitic employees. use of the blood test as a guide for excluding those who may be dangerous in certain occupations is absurd and unsound. Moreover, there is not any relationship between blood tests and the infectiousness of syphilis. The refusal to employ any syphilitic creates a huge reservoir of unemployables who become a serious problem to a state; they can scarcely be expected to show great interest in their apparently purposeless medical treatment. Much of the credit for the intelligent handling of this problem is due to sound medical policy.—Venereal Disease Information, Washington, June, 1943.